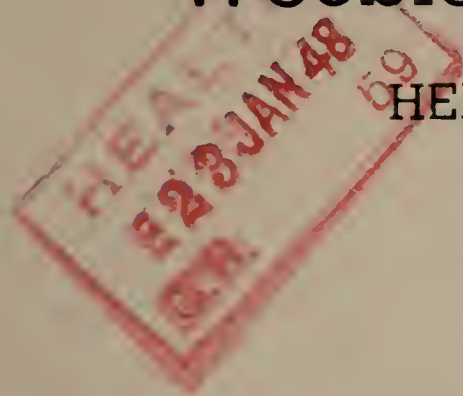


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HEREFORDSHIRE



ANNUAL REPORT

on the

State of the Public Health

For the Year 1946

Staff of the Public Health Department

Medical Officer of Health H. F. GREEN, M.A., M.B., D.P.H.
(Private Tel.: Leominster 323)

(Returned to duty on the 1st September, 1946)

Acting Medical Officer of Health ... I. F. MACKENZIE, M.D. (Edin.),
(Deputy County Medical Officer) D.P.H., D.T.M. & H.

(Relinquished duty on the 31st August, 1946)

Clerk B. J. SCANDRETT
(On War Service from 1939)

Temporary Clerk MISS D. M. J. BRAMFITT

Sanitary Inspector (Part-time) ... EVAN LEWIS, C.R., San. I.,
Cert. Meat Inspector.
(Telephone: Weobley 19)

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To the Chairman and Members of the Weobley Rural District Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report for the year 1946.

I returned to duty on the 1st September, 1946. This report deals largely, therefore, with the work of Dr. Mackenzie and the other members of the Public Health Staff. May I take this opportunity of expressing my gratitude to Dr. Mackenzie, who in addition to his own duties as a deputy County Medical Officer of Health, has so ably carried on the duties of Medical Officer of Health during my absence on war service. Great credit is due to your Sanitary Inspector for the way in which he has kept the sanitary services functioning during the difficult war years.

The housing situation is a matter of concern to all. Until the completion of the survey required by the Minister of Health, it will not be possible to form an accurate estimate of the number of houses required, but it is already known to be large. The difficulties during the war years of maintaining property, and the increase in the number of young married couples living with their parents, combines to produce an urgent problem which must be dealt with as quickly as means and controls permit.

H. F. GREEN,

Medical Officer of Health.

SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	...	...	...	...	...	...	...	49,727
Number of inhabited houses (end of 1946) according to the Rate Books	...	...	...	...	...	...	...	1,652
Rateable Value	...	...	...	...	...	...	...	£18,691
Sum represented by a Penny Rate	...	...	...	...	...	...	...	£82 5 5

EXTRACT FROM THE VITAL STATISTICS OF THE YEAR:

BIRTH RATE (per 1,000 of estimated resident population)	...	...	...	...	...	...	...	21.1
STILL-BIRTH RATE (per 1,000 Live and Still Birth)	...	...	...	...	...	...	...	7.7
DEATH RATE (per 1,000 of estimated resident population)	...	...	...	...	...	...	...	12.6
INFANTILE MORTALITY RATE (per 1,000 live births)	...	...	...	...	...	...	...	46.5

DEATHS FROM PUERPERAL CAUSES: No deaths in 1946 were attributable to puerperal or maternal causes.

COMPARABLE DATA FOR ENGLAND AND WALES, 1946:

BIRTH RATE	...	...	...	...	...	...	...	19.1
DEATH RATE	...	...	...	...	...	...	...	11.5
INFANTILE MORTALITY RATE	...	...	...	...	...	...	...	43.0

SECTION B.—GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

Laboratory facilities continued to be available at the County Public Health Laboratory, Hereford, which is under the administration of the Medical Research Council.

CLINICS.

There are none provided by the Local Authority.

Under the County Council schemes the following Clinic facilities are available to residents in the district.

Child Welfare Centre: At Weobley on the first Monday in each month, at 2.30 p.m.

Venereal Diseases: At the County Council Hospital, Hereford, on Wednesdays and Fridays.

The County schemes also provide for Maternal and Child Welfare Clinics, Paediatric, Ear, Nose and Throat, and Eye Clinics. Children are referred to these Clinics as and when required, on the recommendation of the School Medical or Infant Welfare Authority at the request of the Medical Practitioner.

I am indebted to Mr. Evan Lewis, Sanitary Inspector to the Council, for the following statement (Sections C. to E.) furnished under Article 27 (Sub-Section 18) of the Sanitary Officers (outside London) Regulations.

SECTION C.—SANITARY CIRCUMSTANCES.

WATER: SAMPLING.

WEOBLEY PUBLIC SUPPLY.—The flow of water at the collecting bed and the storage capacity available continued to be adequate for the needs of the community. Regular sampling is carried out and a close watch is maintained on the bacteriological content of the water.

OTHER AREAS.—Privately owned piped water is supplied in the following villages: Mansel Lacy, King's Pyon (part of), Blakemere (part of), Letton (part of), and Staunton-on-Wye (stand pipe).

The Council maintain small water supplies at Birley, Mansel Gamage and Staunton-on-Wye.

Most of the houses in other parts of the area rely upon shallow wells.

DRAINAGE AND SEWERAGE.

No changes have taken place during the year under review. Weobley is the only parish which has a main drainage system.

In Dilwyn village a length of sewer (about 600 feet) is owned by the Council. It will be incorporated later in the proposed main drainage scheme for the village. Because of the subsidence of the pipe and consequent interruption of the flow of sullage water from the village the sewer was re-laid during 1944.

RIVERS AND STREAMS.

No complaints have been received relating to the pollution of water courses.

REFUSE DISPOSAL.

Provision is made by the Local Authority for the removal of refuse in the whole district. The method of disposal is controlled tipping. These dumps are used chiefly for the disposal of tins, broken glass and ware.

SECTION D.—SANITARY INSPECTION.

Inspection of premises in the area is continually being made and defects noted. Owners of the property are approached and in most cases there is little difficulty in having the necessary repairs carried out. This co-operation on the part of the community is much appreciated by your officers.

INSPECTIONS UNDER				Number of inspections	Informal Notices served	Statutory Notices served	Notices complied with
Housing Regulations	...	...	...	18	7	—	7
Factories	...	...	...	30	2	—	2
Dairies and Cowsheds	...	...	...	200	8	—	8
Hop-pickers' Quarters	...	...	...	43	3	—	2
Bakehouses	...	...	...	24	—	—	—
Slaughter-houses	...	...	...	36	—	—	—
Schools	...	...	...	62	—	—	—
Water Supplies	...	...	...	60	2	—	2
Infectious Diseases	...	...	...	76	—	—	—
Nuisances	...	...	...	17	17	—	17

INFECTIOUS DISEASES

Cases enquired into	...	...	...	...	...	...	...	46
Patients removed to Hospital	...	...	...	...	...	...	...	11
Houses disinfected and cleansed	...	...	...	...	...	...	...	30
Lots of bedding, clothing, etc., disinfected	...	...	...	...	...	...	...	10
Schools disinfected	...	...	...	...	...	...	...	0

HOUSES

Erected	...	...	...	...	...	...	...	0
Made fit for habitation	...	...	...	...	...	...	...	4
Closed as unfit for habitation	...	...	...	...	...	...	...	0
Cleansed and whitewashed	...	...	...	...	...	...	...	9
Overcrowding abated	...	...	...	...	...	...	...	0

WATER SUPPLY

Wells sunk	...	...	...	...	...	...	...	9
Wells cleansed and repaired	...	...	...	...	...	...	...	5
Wells closed	...	...	...	...	...	...	...	0
Samples of water sent for analysis	...	...	...	...	...	...	...	56

HOUSE DRAINS

Laid or re-laid	...	...	...	...	...	...	...	36
Cleansed, trapped or ventilated	...	...	...	...	...	...	...	5
Defective waste-pipes rectified	...	...	...	...	...	...	...	0
Insanitary lavatories, sinks and urinals rectified	...	...	...	...	...	...	...	4
Dumb wells rectified	...	...	...	...	...	...	...	0

WATER-CLOSETS

Additional provided	...	...	...	...	...	...	...	20
Repaired, ventilated or provided with cisterns	...	...	...	...	...	...	...	3

PRIVIES AND ASHPITS

Additional privies and ashpits provided	...	...	...	...	...	...	...	0
Converted to W.C.s	...	...	...	...	...	...	...	20
Converted to pail closets	...	...	...	...	...	...	...	4
Repaired	...	...	...	...	...	...	...	3

SCAVENGING

Houses from which refuse has been ordered to be removed	...	...	...	...	...	...	...	9
Privies ordered to be cleansed	...	...	...	...	...	...	...	0
Portable receptacles to be cleansed	...	...	...	...	...	...	...	0
Removals of offensive refuse	...	...	...	...	...	...	...	2

SLAUGHTER-HOUSES

In District	...	...	...	...	...	...	...	3
Inspections	...	...	...	...	...	...	...	36
Cleansed and repaired	...	...	...	...	...	...	...	0
Meat and Shop inspections	...	...	...	...	...	...	...	200

DAIRIES AND COWSHEDS

On Register	...	...	...	...	...	...	...	207
Contraventions of Milk and Dairies Order	...	...	...	...	...	...	...	0
Inspections	...	...	...	...	...	...	...	140

UNSOUND FOOD

Seizures	...	...	...	Condemned Milk	...	...	2 tins
				„ Bacon	...	...	94 lbs.
				„ Beef	...	...	24 lbs.
				„ Salmon	...	...	9 tins
				„ Pilchards	...	...	3 tins
Letters written	...	...	...	...	...	...	30
Notices served	...	...	...	...	...	...	12
Notices complied with	...	...	...	...	...	...	12
Notices outstanding	...	...	...	...	...	...	0
Number of Statutory Notices served	...	...	...	...	...	...	0
Number of Statutory Notices complied with	...	...	...	...	...	...	0

SECTION E.—HOUSING.

INSPECTION OF DWELLING HOUSES DURING THE YEAR.

1. (a) Total number of dwelling houses inspected for housing defects under the Public Health and Housing Acts	...	...	18
(b) Number of inspections made for that purpose	...	...	18

ACTION UNDER STATUTORY POWERS DURING THE YEAR.

Proceedings under Public Health Acts:

1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied	0
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2. Number of dwelling houses in which defects were remedied after service of formal notices:

(a) By Owners	...	...	...	...	...	...	0
(b) By Local Authority in default of Owners	...	...	...	...	...	...	0

SECTION F.—PREVALENCE OF INFECTIOUS DISEASE.

Apart from an epidemic of Scarlet Fever, no comment is called for upon the prevalence of infectious disease in 1946. The two cases of diphtheria were in the older age groups and had not been immunised.

The outbreak of Scarlet Fever is of such epidemiological interest that it deserves a detailed report.

On September 15th, a child aged seven, living in an isolated cottage near the Hereford Golf Course developed Scarlet Fever. The rash appeared on the 18th and she was admitted to hospital on the 19th September. Her sister aged nineteen months developed Scarlet Fever on the 25th September and on the 3rd October a child aged five living on a neighbouring farm, who had visited the first family during the previous week, developed Scarlet Fever. The first case and the third case were discharged from hospital on the 23rd October and attended school from the 24th October to the 1st November, travelling by the school 'bus which serves the areas Wormesley, Ledgemoor and King's Pyon.

On 28th October, the fourth case, a schoolgirl aged six, from King's Pyon, developed Scarlet Fever and two children aged 4 and 5½ and an adult aged 19, all belonging to the same family as the third case, developed Scarlet Fever. On the same day another child aged six living at King's Pyon fell sick and yet another living at Ledgemoor, who travelled by the school 'bus. On the 4th November a further case occurred in a school-child aged 10, living at Ledgemoor. All these families were excluded from school, including the first case, who was found at school with a small patch of impetigo below the left nostril. Nose and throat swabs taken from the first child proved negative. Swabs taken from the fourth, eighth and ninth cases showed a heavy growth of beta-haemolytic streptococci, group A, type 1.

On the 11th November a further case occurred in a child aged three, living at Sarnesfield. This child's brothers and sisters attended the Weobley School. They did not travel on the King's Pyon, Ledgemoor and Wormesley 'bus. The Weobley School was therefore closed from the 12th November to the 18th November. Two cases occurred during this period, females aged 25 and 4, both living in Weobley. Swabs taken showed the beta-haemolytic streptococci to be group A, type 1.


On the 20th November another child living in Weobley developed a sore throat, but no rash (the beta-haemolytic streptococci were again group A, type 1) and on the 7th January the last case occurred, of sore throat but no rash, due to the same strain of streptococcus.

On the 23rd December another case of Scarlet Fever occurred in a child aged four, living in Canon Pyon, whose mother worked in a canteen in Hereford. The streptococcus was group A, type 22. This organism had been found in cases of Scarlet Fever occurring in Hereford and therefore this case was shown not to be associated in any way, with the Weobley outbreak.

After the 14th November, once a case of Scarlet Fever or sore throat occurred in a home, all members of the household were put on the following regime: Tab. Sulphathiazole, 1.0 gm. three times a day for two days; and penicillin lozenges (each 500 units) to be sucked four times a day, for four days.

Following the introduction of this regime no secondary cases occurred.

It may be assumed that the five cases in which the streptococci were not typed were all due to the same organism. The outbreak was characterised by its extreme infectivity though there was no evidence that milk was responsible for the epidemic. Infection was almost certainly carried from case to case by droplet.



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Although one cannot state categorically that the use of sulphathiazole and penicillin lozenges brought the outbreak to an end, it seems likely that under certain circumstances this is a useful regime.

The negative swabs taken from the first case demonstrates that not too much reliance should be placed on the finding of one or more negative swabs.

ANALYSIS OF TOTAL NOTIFIED CASES, ACCORDING TO AGE.

Disease.	Age of Patient.													Total	
	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-10	10-15	15-20	20-30	30-40	Over 40	Unknown	
Diphtheria	—	—	—	—	—	—	—	—	—	1	1	—	—	—	12
Pneumonia ...	—	—	—	1	1	—	1	—	1	6	4	1	2	—	16
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Whooping Cough...	4	3	6	4	3	3	2	2	1	—	1	—	1	—	30
Measles ...	—	1	—	—	1	—	—	—	2	1	1	3	—	1	9
Scarlet Fever ...	—	1	—	1	3	—	1	1	1	2	1	—	—	—	13
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—

DIPHTHERIA IMMUNISATION.

The state of immunisation of the child population of the district at the end of 1946 is indicated in the table below.

	Under 5 years of age		Between 5 and 15 years of age		Total Under 15
	Number	Percentage of group	Number	Percentage of group	Number
Locals	102	31.5%	601	62.6%	703
Evacuees (all ages)	—	—	—	—	38

Since practically all evacuees had returned to their homes by the end of 1946, it was felt desirable to sub-divide the groups of children immunised into " locals " and evacuees. All the records have therefore been re-checked. The figures given this year are not strictly comparable to those given in the Annual Reports of 1945 and 1944. A further source of inaccuracy lies in the fact that a number of children have been immunised privately by their own doctors, some with a plain diphtheria antigen such as A.P.T. or T.A.F., and some with a proprietary combined diphtheria-whooping cough antigen.

The figures do however reveal a considerable falling off in the number of children aged 0—4 years, immunised in the years 1944—1946.

" LOCAL " CHILDREN aged 0—4 years.

	1939	1940	1941	1942	1943	1944	1945	1946
Number of children immunised during year	—	4	74	126	54	22	30	35
Number immunised at any time	—	4	77	184	194	144	107	102

“ Immunised ” indicates only those children who have completed a full course of injections.

The immunisation scheme started at the end of 1940. The novelty of the scheme to parents proved a great attraction, but as the novelty wore off and cases of diphtheria became extremely rare, it has become increasingly difficult to prevent parents from putting off the immunisation course from day to day until it never gets done at all. In order to obtain and maintain a satisfactory response, it is necessary to graft on the population immunisation as a normal social habit—that the children are immunised just as they are fed, washed and kept clean.

The Weobley rural district is more scattered than most and is naturally served by three different marketing towns. This has added greatly to the difficulties of maintaining a satisfactory level of immunisation amongst the child population of the district but on the 31st July, 1946, the general practitioners scheme came into force by which those children who could not make use of the Council's scheme could obtain free immunisation from their own Doctor. The scheme has worked smoothly, and more children are now being immunised. Furthermore records are more complete.

TUBERCULOSIS.

At the end of 1946, the Tuberculosis Register contained the names of 22 males and 24 females, who normally reside in the district.

During the year, twelve new cases were notified, ten on account of Pulmonary Tuberculosis and two because of the presence of the disease in parts of the body other than the lungs. During the same period, eight deaths of persons suffering from the disease occurred, five left the district, and one person recovered from the disease.

CASES ON THE TUBERCULOSIS REGISTER

Year				Pulmonary	Non-Pulmonary	Total
1939	...	...	...	8	7	15
1940	...	...	...	10	9	19
1941	...	...	...	11	11	22
1942	...	...	...	11	17	28
1943	...	...	...	13	20	33
1944	...	...	...	19	19	38
1945	...	...	...	31	18	49
1946	...	...	...	29	17	46

CAUSES OF DEATH (ALL AGES)

Disease				Males	Females	Total
Tuberculosis	...	...	...	3	5	8
Whooping Cough	...	...	...	1	—	1
Influenza	...	...	...	1	1	2
Cancer (all forms)	...	...	...	3	4	7
Diabetes	...	...	...	—	1	1
Intra-cranial Vascular lesions	...	...	...	5	5	10
Diseases of the Heart and Arteries	...	...	...	16	10	26
Bronchitis, Pneumonia and other Respiratory diseases	...	...	...	2	6	8
Diseases of the Digestive System	...	...	...	—	1	1
Nephritis	...	...	...	2	1	3
Congenital Conditions (at birth)	...	...	...	2	1	3
Violence	...	...	...	2	1	3
All other causes	...	...	...	4	—	4